

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State of Tennessee

ATTORNEY GENERAL'S CERTIFICATION

I certify that:

TENNESSEE DEPARTMENT OF FINANCE AND ADMINISTRATION is the single State agency responsible for:

X administering the plan.

The legal authority under which the agency administers the plan on a Statewide basis is

STATE OF TENNESSEE EXECUTIVE ORDER NO. 23  
(statutory citation)

\_\_\_\_\_ supervising the administration of the plan by local political subdivisions.

The legal authority under which the agency supervises the administration of the plan on a Statewide basis is contained in

\_\_\_\_\_  
(statutory citation)

The agency's legal authority to make rules and regulations that are binding on the political subdivisions administering the plan is

\_\_\_\_\_  
(statutory citation)

DATE

11-3-99

  
Signature

Attorney General of Tennessee  
Title

D1021225

TN # 99-6  
Supersedes  
TN # 97-1

Approval Date \_\_\_\_\_

Effective Date 10/19/99